

# INSTRUCTIONS FOR COMPLETING CLAIM FOR PUBLIC SAFETY OFFICER LINE OF DUTY DEATH BENEFIT FOR A CHILD AS BENEFICIARY

State Form 51014 (R2 / 7-08)

**IMPORTANT:** Please read carefully

1. Remove the form. Do not return these instructions to Public Employees' Retirement Fund (PERF).
2. Please type or print using black ink.
3. Complete all information and place the Public Safety Officer's name and Social Security number at the top of each page.
4. Return the completed form directly to PERF.

## PRIVACY NOTICE

\* Your Social Security number is requested by this agency in accordance with the requirements of the IC 4-1-8-1. Disclosure is mandatory and this form will not be processed without it.

### STEP 1: PUBLIC SAFETY OFFICER'S INFORMATION

**Name of Public Safety Officer:** Enter the first name, middle initial, and last name.

**Social Security number of Public Safety Officer:** Enter all nine (9) digits of the Social Security number.\*

**Date of death of Public Safety Officer:** Enter the date of death as month/day/year (MM/DD/YYYY).

### STEP 2: APPLICANT INFORMATION

**Social Security number of Applicant:** Enter all nine (9) digits of the Social Security number.\*

**Date of application:** Enter the date as month/day/year (MM/DD/YYYY).

**Name of applicant:** Enter the first name, middle initial, and last name.

**Address of applicant:** Enter the full street address, including apartment number or PO Box number, City, State, and ZIP code to which you would like the payment sent.

**Telephone number(s) of applicant:** Enter the telephone number, beginning with the area code. Please provide separate day and evening phone numbers.

**E-mail address of applicant:** Enter an e-mail address, if available.

### STEP 3: POSITION INFORMATION

Please indicate the type of position that the Public Safety Officer was serving in at the time of death. If you are not certain as to the correct type of position, you should contact the employer for assistance. **IMPORTANT:** Select only one.

### STEP 4: ACCIDENT / INCIDENT INFORMATION

**Date of accident / incident:** Enter the date as month/day/year (MM/DD/YYYY).

**Time of accident / incident:** Enter the time as hours followed by minutes (HH:MM) and whether AM or PM.

Please indicate whether the following items were previously submitted or are attached to this claim:

**Detailed accident / incident report:** This report must be submitted on the employer's letterhead and must have the notarized signature of an authorized official of the employer.

**Accident / incident investigation report:** This report must have the notarized signature of the investigating official or the investigating agency's records custodian.

**Death certificate:** This must bear the seal of the Medical Examiner or the Department of Health.

**IMPORTANT:** This claim cannot be processed until all of these documents are received by PERF. Attach an English translation to any foreign language document.

### STEP 5: EMPLOYER INFORMATION

**Name of employer:** Enter the full name of the employer, including department, division, and section.

**Address of employer:** Enter the full street address or PO Box number, City, State and ZIP code.

**Name of supervisor:** Enter the first name, middle initial, and last name.

**Address of supervisor:** Enter the full street address or PO Box number, City, State and ZIP code.

**Telephone number of supervisor:** Enter the work telephone number, beginning with the area code.

**E-mail address of supervisor:** Enter the e-mail address, if available.

## STEP 6: CERTIFICATION BY A SURVIVING CHILD OR THE COURT ORDERED GUARDIAN OF A SURVIVING CHILD

On the form, **check one and only one** of the following options:

**Surviving child over eighteen (18) years of age  
or  
Court appointed guardian of a surviving child.**

If you are signing as guardian, please include your own address, telephone number and e-mail address here in case we need to contact you directly.

**IMPORTANT:** If not already submitted to PERF, a copy of the applicant's Birth Certificate must be attached to the application. Documents showing the date of birth and parents such as a certified photocopy of a birth certificate, a baptismal or confirmation certificate, adoption papers, or a court decree are acceptable.

In addition, if you are filing this claim as guardian of a surviving child, please attach documentation establishing your guardianship, such as a court order.

Attach an English translation to any foreign language document.

## STEP 7: OTHER SURVIVING CHILDREN

Please list other surviving children, if known to you. Please include their names (*last name, first name, and middle initial*) and Social Security numbers. You may attach additional pages, if necessary.

## STEP 8: HAVE YOUR APPLICATION NOTARIZED

**Your claim form must be notarized before it will be processed.**

Take the form to a duly commissioned notary public. The notary public will ask you to swear or affirm to the truth of all of the information you supplied on the claim form and to sign the form in their presence. The notary will then complete the form and affix his/her seal to it.

**Return the form to PERF.**

Once the form is completed according to these instructions and notarized, return the form and all attachments to the Public Employees' Retirement Fund at the following address. Do not return these instructions.

Public Safety Officer Line of Duty Death Benefit  
c/o Public Employees' Retirement Fund  
143 West Market Street  
Indianapolis, IN 46204

### MEMBER NOTE-CHANGES TO INFORMATION:

If you have any changes to any of the information on this form such as name or address, please immediately notify PERF at the address above. This is to ensure that you receive correct and important information regarding your benefits and taxes.

## HELPFUL INFORMATION

### PUBLIC EMPLOYEES' RETIREMENT FUND (PERF)

Telephone numbers:

Indianapolis and vicinity (317) 233-4162  
Toll-Free number (888) 526-1687  
TDD (hearing impaired number) (317) 233-4160  
Fax number (317) 232-1614

PERF on the Internet: [www.in.gov/perf](http://www.in.gov/perf)

### INTERNAL REVENUE SERVICE

Telephone numbers:

Toll-Free number (800) 829-1040  
TDD (hearing impaired number) (800) 829-4059  
Tele Tax (800) 829-4477

IRS Publication 575, Pension and Annuity Information  
IRS Publication 590, Individual Retirement Arrangements  
IRS Website: [www.irs.gov](http://www.irs.gov)

### INDIANA STATE DEPARTMENT OF REVENUE (DOR)

Telephone numbers:

Indianapolis and vicinity (317) 233-4018  
TDD (hearing impaired number) (317) 233-4952  
Fax number (317) 233-2329  
Individual Income Tax Questions (317) 232-2240  
Outside of Indianapolis - See DOR Website

DOR Website: [www.in.gov/dor](http://www.in.gov/dor)



**CLAIM FOR PUBLIC SAFETY OFFICER  
LINE OF DUTY DEATH BENEFIT FOR A  
CHILD AS BENEFICIARY**

State Form 51014 (R2 / 7-08)

PUBLIC SAFETY OFFICER LINE OF DUTY DEATH BENEFIT  
C/O PUBLIC EMPLOYEES' RETIREMENT FUND  
143 WEST MARKET STREET  
INDIANAPOLIS, IN 46204-2801

\* Your Social Security number is requested by this agency in accordance with the requirements of the IC 4-1-8-1. Disclosure is mandatory and this form will not be processed without it.

**INSTRUCTIONS:** 1. Remove the instructions.

2. Please type or print using black ink.

3. Complete all information and place the Public Safety Officer's name and Social Security number at the top of every page.

4. Return the completed form directly to PERF at the address above. Do not return the instruction pages.

If not already submitted to PERF, a copy of your Birth Certificate must be attached to the application. Document showing the date of birth and parents such as a certified photocopy of a birth certificate, a baptismal or confirmation certificate, adoption papers, or a court decree are acceptable.

If you are filing this claim as guardian of a child, please attach documentation establishing your guardianship such as a court order.

Attach an English translation to any foreign document.

**STEP 1: PUBLIC SAFETY OFFICER'S INFORMATION**

|                                     |                |                                  |
|-------------------------------------|----------------|----------------------------------|
| First name of Public Safety Officer | Middle initial | Last name                        |
| Social Security number of member*   |                | Date of death (month, day, year) |

**STEP 2: APPLICANT INFORMATION**

|  |                                       |  |
|--|---------------------------------------|--|
| Social Security number of applicant*   |                                       | Date of application (month, day, year) |
| First name of applicant  | Middle initial                        | Last name                              |
| Address of applicant (number and street or PO Box, City, State and ZIP code) |                                       |  |
| Telephone number (day)<br>(     )  | Telephone number (evening)<br>(     ) | E-mail address                         |

**STEP 3: POSITION INFORMATION**

Check only one

- |   |   |
|---|---|
| <input type="checkbox"/> Member of the 1977 Police Officers' and Firefighters' Fund | <input type="checkbox"/> State Police Officer                                       |
| <input type="checkbox"/> Member of the 1925 Police Pension Fund                     | <input type="checkbox"/> Eligible State University Police Officer                   |
| <input type="checkbox"/> Member of the 1937 Firefighters' Pension Fund              | <input type="checkbox"/> Probation Officer  |
| <input type="checkbox"/> Member of the 1953 Police Pension Fund                     | <input type="checkbox"/> Correctional Officer                                       |
| <input type="checkbox"/> City Police Reserve Officer                                | <input type="checkbox"/> Excise Police Officer                                      |
| <input type="checkbox"/> County Police Officer                                      | <input type="checkbox"/> Conservation Enforcement Officer                           |
| <input type="checkbox"/> County Police Reserve Officer                              | <input type="checkbox"/> Eligible Emergency Medical Services Provider               |
| <input type="checkbox"/> County Sheriff   | <input type="checkbox"/> Firefighter Employed by a State University Fire Department |
| <input type="checkbox"/> Town Marshal   | <input type="checkbox"/> Chaplain   |
| <input type="checkbox"/> Deputy Town Marshal  |   |

**STEP 4: ACCIDENT / INCIDENT INFORMATION**

|  |   |
|--|---|
| Date of accident / incident (month, day, year) | Time of accident / incident (hour:minutes and AM or PM) |
|--|---|

Please indicate the status of the following documentation.

- |                                   |   |   |
|-----------------------------------|---|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> Previously submitted | Detailed accident / incident report (This report must be submitted on the employer's letterhead and must have the notarized signature of an authorized official of the employer.) |
| <input type="checkbox"/> Attached | <input type="checkbox"/> Previously submitted | Accident / incident investigation report (This report must have the notarized signature of the investigating official or the investigating agency's records custodian.)           |
| <input type="checkbox"/> Attached | <input type="checkbox"/> Previously submitted | Death Certificate (This must bear the seal of the Medical Examiner or the Department of Health.)  |

|   |                          |
|---|--------------------------|
| Name of member <i>(Last, first, middle initial)</i> | Social Security number * |
|---|--------------------------|

### STEP 5: EMPLOYER INFORMATION

|  |  |
|--|--|
| Name of agency / employer of member <i>(include department, division, and section)</i>         |  |
| Address of agency / employer <i>(number and street or PO Box, City, State and ZIP code)</i>    |  |
| Name of immediate supervisor <i>(first, middle initial, and last)</i>                          |  |
| Address of immediate supervisor <i>(number and street or PO Box, City, State and ZIP code)</i> |  |
| Work telephone number<br>(      )  | E-mail address of immediate supervisor |

### STEP 6: CERTIFICATION BY A SURVIVING CHILD OR THE COURT ORDERED GUARDIAN OF A SURVIVING CHILD

|   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> I hereby certify that I am a surviving child of the above mentioned Public Safety Officer.   |                                       |
| <input type="checkbox"/> I hereby certify that I am the court-appointed guardian of _____ <i>(Name of dependent)</i><br>a surviving child of the above mentioned Public Safety Officer. |                                       |
| Signature of applicant or guardian  | Printed name of applicant or guardian |
| Address of guardian <i>(number and street or PO Box, City, State and ZIP code)</i>  |                                       |
| Telephone number of guardian<br>(      )  | E-mail address of guardian            |

### STEP 7: OTHER SURVIVING CHILDREN

Please list other surviving children *(you may attach additional pages, if necessary)*

|   |                          |
|---|--------------------------|
| Name <i>(Last, first, middle initial)</i> | Social Security number * |
| Name <i>(Last, first, middle initial)</i> | Social Security number * |
| Name <i>(Last, first, middle initial)</i> | Social Security number * |
| Name <i>(Last, first, middle initial)</i> | Social Security number * |
| Name <i>(Last, first, middle initial)</i> | Social Security number * |
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| Name <i>(Last, first, middle initial)</i> | Social Security number * |
| Name <i>(Last, first, middle initial)</i> | Social Security number * |

|   |                          |
|---|--------------------------|
| Name of member ( <i>Last, first, middle initial</i> ) | Social Security number * |
|---|--------------------------|

### STEP 8: HAVE YOUR APPLICATION NOTARIZED

I hereby submit this Claim for Line of Duty Death Benefits from the Fund and say under oath:

That I am the person who completed this application.

That there is no surviving spouse eligible for this benefit.

That there are no surviving children other than those listed in Step 7 of this application.

That I have carefully read the form and understand the same, and that I have read all of the information provided with this application, including all instructions and supplemental documents.

That I have provided all of the information requested, and answered all questions full, and truthfully, and that I have not concealed or omitted any material fact.

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

|  |  |   |
|--|--|---|
| Signature of applicant                     | Signature of Notary Public             |   |
| Printed or typed name of applicant         | Printed or typed name of Notary Public |   |
| Date subscribed and sworn to Notary Public | County of residence                    | Date commission expires ( <i>month, day, year</i> ) |